Washington State
Health Care Authority

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February 24, 2010

TO: Interested Parties

FROM: Susan DeBlasio, RFP Coordinator

SUBJECT: Amendment 1 - RFP K160 – Washington Health Program

Amendment 1 to the above Subject RFP has been issued. This amendment makes two corrections and provides HCA's Answers to Bidder submitted questions, along with additional reference materials. The additional materials (Subsidy Table, Basic Health Enrollment Summary, and Data Book) are provided in separate documents.

The remaining Schedule for this procurement is as follows:

SCHEDULE: HCA reserves the right to revise this Schedule.

Event	**Due Date**	**Time**
Proposals Due	March 5, 2010	**3:00 PM PST**
Announce Apparent Successful Vendor (ASV)	March 19, 2010	
Contract (s) Finalized	April 23, 2010	
Begin Accepting Applications	June 1, 2010	
Coverage Begins	July 1, 2010	

Washington Health Program RFP
RFP # K-160
Amendment 1

Corrections:

RFP Section	Amendment	Comments
2.2 Estimated Schedule or Procurement Activities	Page 7, the due date to Begin Accepting Applications is listed as "June 1, 2010." This is incorrect and should read "May 1, 2010."	This correction was noted at the Pre-Proposal Conference on February 10, 2010.
3.1 Letter of Submittal and Certifications and Assurances	#13 is corrected to read: "A list of all RFP amendments received by amendment issue date. If no RFP amendments were received, write a statement to that effect. Vendor questions and HCA responses are considered an amendment to the RFP."	Completes instructions for #13

Vendors' Questions and HCA Responses:

Subject	Question	HCA Response
1. Subsidized BH funding	If subsidized Basic Health continues to be funded beyond July 1, 2010, will the HCA still implement the Washington Health Program?	Yes.
2. Anticipated Enrollment	The RFP indicates the HCA anticipates approximately 40,000 enrollees (by June 30, 2011.) This represents about 4% uptake, which seems low. Will the HCA perform all outreach activities, or will it allow Contractors to be involved in these activities?	The HCA's enrollment estimates are purposely conservative. It is conceivable the eventual enrollment levels will be much higher than current estimates. The HCA is in the process of conducting a telephonic and internet survey to determine potential uptake of the new product. If those numbers change significantly, the HCA will provide an update to Contractors. In response to Contractor involvement in outreach activities, the HCA is open to partnership, although is unable to commit to actual activities at this time.
3. Nonparticipating Providers	Will the HCA consider revising the Contract to allow for specified payment rates to nonparticipating providers, such as a 70/30 Contractor/enrollee split or using a schedule similar to DSHS' fee schedule?	For the initial plan years (July 1, 2010 – December 31, 2011), it is not expected that HCA will revise its current contract regarding nonparticipating providers. Contractors are encouraged to review the Certificate of Coverage (Appendix A of the RFP) where members' obligations regarding non-participating providers are clearly outlined. The HCA looks to its Contractors to

Subject	Question	HCA Response
		control non-provider usage through effective PCP management and to have robust contracting efforts in place to ensure adequate enrollee access.
4. Financial Stability	The RFP requires vendors to submit its 2009 OIC Audited Statements. This work is underway but the Statement has not yet been audited. Will the HCA accept the unaudited Statement?	Yes.
5. Member Materials	Are all member materials produced and provided by the HCA? If not, which materials are Contractor(s) required to provide?	HCA will incur some expense of collateral materials for outreach as well as new member materials such as the Certificate of Coverage. Additionally, the HCA assumes all costs related to member billing statements. In general, Contractor will provide member ID cards, Explanation of Benefits, Provider Directories, and Preventive Care Guides. Contractor will also provide or make available a member handbook and other member materials as described in the Contract or as agreed to in writing. All Contractor-provided member materials must be approved by the HCA before distribution to enrollees.
6. Annual Benefit Maximum	How does the annual benefit maximum work when an enrollee is hospitalized at the time he or she reaches the annual limit?	The annual benefit maximum works the same as it would under any other plan where the benefit maximum is reached during hospitalization. The health plan is responsible for expenses once the annual maximum is reached and until the member is released from the hospital. This risk must be considered when bidding; however, it is important to note, in reviewing claims costs in the Basic Health population for last year, over 98% of members claims costs were under the $75,000 threshold. While these occurrences may happen, the HCA does not anticipate a large majority of claims to exceed the $75,000 limit.
7. Annual Benefit Maximum	How will Contractors coordinate the administration of the annual benefit maximum for enrollees who change plans mid-year?	The HCA does not expect significant mid-year switching between plans and will propose language during the contract phase to address coordination of efforts between participating health plans. We recognize there may instances of involuntary switching (e.g., plan loses network coverage in a county). The Contractors will be responsible to exchange data on claims and credit toward the deductible and out-of-pocket maximum. In instances of voluntary disenrollment, The HCA will

Subject	Question	HCA Response
		evaluate whether the member can re-enroll or whether an exception should be made (e.g., moved to a new county with no current health plan provider available). To assist plans, the HCA will provide a monthly report to the Contractors identifying enrollees who have switched plans.
8. Annual Benefit Maximum	Does the annual benefit maximum extend to pharmacy benefits?	Yes.
9. Washington Health Capacity	If subsidized Basic Health is discontinued, does the HCA have the capacity to manage enrollment? How many can you process? Would the HCA consider delegating administration to Contractor(s) to ensure timely processing?	A variety of circumstances will inform eventual demand for the new product: legislative decision around continuance of BH, uninsured market conditions, cost point for the new product, and others. The HCA will continue to monitor interest in the new product and plan for a worst case scenario. The agency remains open to working with contracting health plans to ensure timely processing of applicants.
10. Newborns	Does the "Erin Act" apply to this product?	Yes.
11. Data	Will the HCA make a data book available for vendors who submit a Letter of Intent for their use in formulating bid rates?	Yes, the requested data book is attached as part of this amendment. See the document entitled "Washington Health Program Data Book."
12. Wait List Demographics	Does the HCA have demographic data on the people currently waiting for space in Subsidized Basic Health?	No.
13. Annual Benefit Maximum	Appendix A, page 17 states "If you change health plans... Your maximum benefit, however, will not start over with your new health plan." How will this information be communicated between health plans and the HCA?	See the HCA's response to question 7.
14. Financial Stability	Regarding the Financial Stability section, our 2009 audit will not be done until early April. Is it acceptable to submit the 2009 annual statements that are filed (unaudited) to the OIC and NAIC in February?	Yes. See the HCA's response to question 4.
15. Plan Availability	What will HCA do if there are no ASVs available for certain counties?	HCA intends to secure statewide availability for the Washington Health Program product. As such, the HCA will use the scheduled negotiation period to achieve this goal. If no ASV is available for a given county at the end of the process, then the product will not be available to residents of that county.

Subject	Question	HCA Response
16. Clarification on Section 3.8	Re: Section 3.8 of the RFP, why do you say No response to Section 3.8 is required?	Section 3.8, Network Adequacy and Access to Care, describes the HCA's values related to Provider network quality and enrollees' ability to access timely care. Beginning with subsection 3.8.1, the remainder of the section describes the required documentation vendors must submit for each subsection. Proposals that do not include the required documentation will be disqualified.
17. Definition of "service-area level."	Please define service-area level.	The term service-area level was used in the Pre-Proposal Conference in a manner equivalent to bid-cell. This is a county or collection of counties within a region that are required to have the same bid rate as specified in Rate Form B.
18. Program Administration	What input will the Vendors have into how HCA is administering the Plan?	The responsibilities of the HCA and the Contractor are detailed in both the Certificate of Coverage and the Contract. The HCA values its partnerships with contracting health plans and remains open to discussing the administration of the Washington Health Program with its Contractors.
19. Anticipated Enrollment	HCA estimates that WHP will have 40,000 members by the end of June, 2011. Given there are expected to be approximately 1 million uninsured residents of the State (Per Section 1.2 of the RFP), this means a take rate of only 4%. What can HCA do to increase this?	See HCA's response to question 2.
20. Member Handbooks	Will there be a joint member handbook created for participating plans?	Please refer to Section 2.4.5 of the sample Contract, Appendix B.
21. Marketing/Outreach	What type of marketing/outreach will plans be able to participate in if HCA is doing the marketing?	The current marketing plan, which covers the initial months of outreach and implementation, does not identify specific health plan involvement. The primary purpose of the Washington Health Program is to provide a safety net for coverage to our waitlisted citizens and current BH subsidized members. Once the needs of that target audience are met, HCA will be pleased to discuss health plan participation in outreach.
22. Contractors' Access to the Subsidized BH Wait List	Will contractor plans have access to the wait list or be included in a mailing?	No.
23. Open Enrollment	When is/how long is open enrollment for this product?	Per WAC 182-25-040 (8) an open enrollment period of at least twenty consecutive days will be held annually which typically occurs mid-fall with plan changes

Subject	Question	HCA Response
		effective January 1 each year.
24. Lock-in/out Period	Is there lock-in/out period?	No.
25. Length of Enrollment	How long will a member be in a plan?	There is no time limit on enrollment. As long as an enrollee continues to meet the definition of "nonsubsidized enrollee" in RCW 70.47.020(5), he or she may remain enrolled. There will also be an annual open enrollment period, at which time enrollees may change plans if another plan is available in the enrollee's service area.
26. Counties With Limited Plan Availability	Will this product be offered in a county if there is only one plan available?	Yes.
27. Initial Plan Year	Does the first plan year run through December 31, 2010? If so, how is the annual max calculated?	Yes, the initial plan year will run from July 1, 2010 to December 31, 2010. The annual benefit maximum is a per person, per calendar year benefit total and will not be prorated. The annual benefit maximum will restart on January 1, 2011.
28. Bid Rate Scoring	What type of rate methodology is HCA using for scoring? Will you be using the Milliman standard non-age adjusted or the new standard that reflects age?	The scoring process will use a composite rate computed using the proposer's bid rates, age factors and smoker load factor, with the weights specified in the RFP.
29. Data Book Availability	When can we expect to receive the demographic information from Tim?	See the HCA's response to question 11.
30. Data Book Availability	Will plans submitting a Washington Health Program bid receive a bidder's information book with demographics and cost by region?	See HCA's response to question 11.
31. Dependent Eligibility	Can a dependent child enroll in this plan alone (e.g. without enrolling its parent (s))?	Yes.
32. Rates: Smoker Load	On Appendix H, Bid Form B, Column E – it appears that the rate HCA looking for here is a NON-SMOKER rate that would be adjusted by the age of the applicant and increased IF the applicant is a smoker. Is this correct? If so, what is the purpose of the 30% weight?	It is correct that the bid rates are the non-smoker rates. The 30% weight is used in computing the composite rate for scoring purposes.
33. Rates: Cost and Utilization Assumptions	Regarding the Cost and Utilization Assumptions required as part of the documentation of the rate development process, for what level of detail is HCA looking? Is summarized by the Service Level (e.g. Inpatient Hospital, Outpatient Hospital, Physician, etc.) sufficient or is more detail required?	Information summarized by major category of service is sufficient.

Subject	Question	HCA Response
34. Non-Participating Providers	Page 3 of the 2009 Uniform Medical Plan Certificate of Coverage has a section entitled, "Using Non-Network Providers Costs You Money". That section provides "*When you see a non-network provider: UMP pays only 60% of the UMP allowed amount to non-network providers. The allowed amount is the amount network providers agree to accept as payment in full. Non-network providers can charge more than the UMP allowed amount. You will pay 40% of the allowed amount **plus** the amount above our allowed amount*." May a bidder for Washington Health require a similar provision/member obligation with "allowed amount" being equal to rates established by the bidder?	No, "balance billing" is specifically prohibited by Section 12.13.2 of the Washington Health Program Contract.
35. COC, Smoking Cessation	Are benefits for smoking cessation programs and acupuncture included in the covered medical services on page 21? Or are they excluded under Exclusion #31 and only covered at the plan's discretion since they are not specifically mentioned?	Yes. Benefits for smoking cessation are covered. Benefits for acupuncture are subject to the every category of provider in Title 48 RCW.
36. COC, Annual Benefit Maximum	It appears that all covered benefits apply to the $75,000 annual benefit limit. Are there any exceptions?	No
37. COC, Definition of "Spouse"	Does the term "spouse" used in the Handbook include the Washington State definition of spouse including state-registered domestic partners? Or is it only referring to legally married spouses?	"Spouse", as used in the Certificate of Coverage means a legally married spouse. See WAC 182-25-010(4).
38. Standard Health Questionnaire, Current Subsidized BH Enrollees	Can the HCA confirm whether or not the current Basic Health subsidized enrolled population has been screened using the Standardized Health Questionnaire (SHQ) prior to their Basic Health enrollment? Will the individuals currently on the waiting list be subject to the SHQ?	Subsidized Basic Health applicants are not required to complete and pass the SHQ for purposes of determining eligibility for that program. For the Washington Health Program, all applicants are required to complete and pass the SHQ, unless specifically exempt under RCW 48.43.018, including those currently on the Wait List or enrolled in Subsidized Basic Health, despite page 2, question 7 of the SHQ.
39. Subsidized BHP Demographics	Could HCA provide the current census for the Basic Health Plan? Including at minimum: date of birth, gender, county, family relationship (sub, spouse, child).	See the attached document entitled "BH Enrollment Summary 0210."
40. Subsidized BHP, Claims	Could HCA provide the latest 24 months of claims	No. The HCA has provided a data book of claims

Subject	Question	HCA Response
Data	experience by month including, premium, claims, enrollment (subscriber and dependants)?	experience for State Fiscal Year 2009, as well as enrollment.
41. Subsidized BHP, Claims Experience by County	Could claims experience be provided by county? age-band?	See the HCA's response to question 11.
42. Subsidized BHP, Claims Exceeding $75,000 Last 12 months.	Could individual claims over $75,000 including diagnosis for the latest 12 months of experience be provided?	This information will be presented as a secondary amendment to the RFP on February 26, 2010. The source data will be the State FY 2009 claims experience included in the Washington Health Program Data Book.
43. Contract Termination	Given the fact that the Contract grants HCA the unilateral right to extend the Contract through December 31, 2016 (versus its current anniversary date of December 31, 2011), wouldn't it be reasonable to amend Section 3.3 Termination By Contractor, to include the right to terminate either on the anniversary date of the Contract, or upon receipt of notice from HCA of its intent to extend the Contract beyond its current anniversary date, whichever occurs first.	While the HCA reserves the right to extend the contract, any extension will be accomplished by execution of a bi-lateral amendment. A contractor may elect to not sign the amendment and the contract would expire.
44. Contract Termination/Rate Renegotiation	Also, since the Contract grants HCA under Section 4.4 Renegotiation of Rates, the right to renegotiate Monthly Fees as set forth in Exhibit 1 during the term of the Contract, wouldn't it be reasonable to add language to Section 3.3 authorizing the Contractor to provide notice of termination where a proposed change in rates by HCA pursuant to Section 4.4 was determined by the Contractor to have a material adverse affect on its risk and/or its cost of doing business.	The HCA will not change the contract language at this time. You may propose alternate language through the process described in RFP section 3.1 (10) and Appendix B.
45. Standard Health Questionnaire	Confirm that all dependents who wish to enroll on the plan will be required to complete the Standard Health Questionnaire and that pre-existing condition exclusions will apply (it is not clear in the COC). How will this be handled for newborns?	Dependents will be required to complete and pass the SHQ unless specifically exempt under state law. Newborns are subject to the Erin Act and are not subject to pre-existing conditions.
46. Maternity Services, newborns	Will an existing pregnancy when a member enrolls in the plan, which has a pre-existing serious maternal or fetal complication known at the time of enrollment, be subject to any pre-existing waiting period, or will it only be subject to the $5,000 maternity deductible?	There would be no waiting period. Under this scenario, the enrollee would be subject to the maternity delivery services deductible.
47. Dependents	Has consideration been given to requiring that all	No.

Subject	Question	HCA Response
	dependents in a family apply for coverage, rather than allowing a family to select the dependent(s) they wish to enroll in the plan?	
48. Implementation Timeline	Would the Health Care Authority consider pushing back the date of health plan proposals for this product until after the determination of funding for and continuation of the Basic Health Subsidized plan has been made- there are network capacity concerns as well as actuarial rating concerns that are difficult to ascertain without finalization of the Basic Health Subsidized question?	No, the two programs are separate and the HCA intends to begin offering Washington Health Program coverage beginning July 1, 2010.
49. Dual Enrollment in DSHS Programs	For purposes of eligibility determination, how is participation in the State administered SSI and SSD programs taken into consideration- will concurrent enrollment with this program be allowed?	Similar to Subsidized Basic Health, people receiving medical assistance through the Department of Social and Health Services are ineligible for the Washington Health Program.
50. Maternity Services, Requiring Application for S-Medical.	Rather than just providing information, would the HCA consider requiring all pregnant members to apply for coverage in the Maternity Benefits Program through DSHS and enroll in that program if they qualify?	No, the HCA has no authority to require applicants or enrollees to apply for the Maternity Benefits Program, but will encourage them to apply.
51. Network Capacity	Is the bidder allowed to set a reasonable enrollment limit in its bid based on an assessment of network capacity and willing providers?	No. We have limited the number of participating health plans to ensure sufficient market share. If HCA limits health plan participation and health plans limit enrollment, we are concerned about insufficient access. Plans should commit to providing a network sufficient to serving the areas for which they bid.
52. Rate Evaluation Process	Please provide a complete, clear description for the Provider Adequacy & Rate Evaluation process, including within that description the diagram shown on page 34. The discussion on the conference call was helpful, but we are still confused.	We believe the process has been sufficiently explained. Please review section 4.2.4 of the RFP.
53. Washington Health Program/ National Health Reform Implications	We note that the benefit design includes a $75,000 maximum. Both the House and the Senate versions of health care reform legislation would prohibit such maximums. If such legislation were to pass, and if such a provision is applied to this program, will vendors be permitted to adjust premiums or re-consider participation in this program?	The HCA will continue to monitor national health reform efforts as developments unfold for their potential impact to all programs it administers. Speculation about the eventual outcome of these efforts is premature at this time.
54. Apparent Successful	Is there a difference between an Apparently	No, they are the same.

Subject	Question	HCA Response
Vendor/Bidder	Successful Bidder (ASB) and an Apparently Successful Vendor (ASV)? If so, please describe.	
55. Allowable Expense	Please clarify the intent of the Allowable Expense definition, page 13-14 of the proposed contract. Does this provision apply only to coordination of benefits situations?	The definition is also applicable in the determination of member cost sharing.
56. Newborns	Are newborns automatically covered under the mother's policy?	Yes. Please see the HCA's response to question 10.
57. Subsidized BH/Subsidies by Bid Cell	How much subsidy is applied to current premiums for BHP Sub, by rating cell? What would the premiums be, cell by cell, region by region, in the absence of such subsidy?	To the first question, the HCA has provided this data in the attached document entitled "2010 Subsidy Table." To the second question, the premium, in the absence of any subsidy, would be the rate.
58. Managed Care	It is our interpretation of the description of *how the health plans work,* on page 14-15 of the draft booklet ,that it is permissible to manage care (e.g. require referrals). Please confirm.	Yes.
59. Health Risk Assessment	Will Health Plans receive a copy of the completed health risk assessment?	No.
60. Definition of "Institution"	Please define "institution". The applicant "at the time of enrollment, is not confined to an institution".	See WAC 182-25-010(19)
61. Full-Time Students	Will HCA conduct a review of members or potential members who are under the age of 23 and a full time student? Will HCA be collecting the school information?	HCA will require documentation to verify eligibility of dependents up to age 23.
62. Definition of Emergency Care/Dependents Away From Home	Regarding a dependent living away from home. You state that only emergency care is available, do you define emergency care based on the place of service or defined as the diagnosis?	Although not binding on the WA Health Program, RCW 48.43.005 provides definitions of "emergency services" and "emergency medical condition" which are persuasive here. WHP defines emergency care consistently with the definitions of emergency services and emergency medical condition provided by RCW 48.43.005
63. Deductible	In the schedule of benefits: Hospital, Inpatient section and under notes, does the deductible apply? Outpatient hospital does have the deductible apply.	Yes, the deductible does apply to inpatient hospital expenses.
64. Financial Stability	As our annual CPA audit is not scheduled until after the RFP is due, what type of financial statement would suffice in place of the 2009 CPA Financials?	See HCA's response to question 4.
65. Standard Health	SHQ – who at HCA will be reviewing these, medical	Technicians will process the SHQ. Certified medical staff

Subject	Question	HCA Response
Questionnaire/HCA Administration	professionals, nurses?	will participate when required.
66. Standard Health Questionnaire/HCA Administration	What are the anticipated timeframes for review of the SHQ?	The HCA will review the SHQ within 15 calendar days from receipt of a complete application. Note: a "complete application" includes a completed SHQ and enrollment application for all applicants and documentation proving state residency.
67. Standard Health Questionnaire/HCA Administration	Are the results of the SHQ available to the health plans?	No.
68. Standard Health Questionnaire	Please list when a prospective member must take or take the SHQ again when enrolling in WHP. (For example, when losing Medicaid and re-enrolling, when moving back to the state, when leaving other coverage, etc.)	See RCW 48.43.018.
69. Standard Health Questionnaire/HCA Administration	What percentages of members are rolled into the high risk pool?	The intent of the standard health questionnaire is to shift 8% of applicants to the high risk pool. We do not have statistics for actual results or high risk pool enrollment rates.
70. Standard Health Questionnaire/HCA Administration	How will this information be reported to health plans (% of members in high risk)?	HCA will report aggregate SHQ information to WSHIP as required by State law, but will not report the data to the health plans.
71. Standard Health Questionnaire	If there are known pre-existing conditions as reported on the SHQ will this information be made available to the health plans?	No.
72. Standard Health Questionnaire	How will health conditions be handled when conditions are found after a person has enrolled with a health plan and a condition is evident that was not reported on the SHQ?	This depends on the circumstances. For cases of misrepresentation or fraud, refer to page 7, Appendix A and chapter 182-25 WAC.
73. Enrollment Rosters	If applications are accepted May 1, how soon will health plans get enrollment information for their service areas, weekly updates?	HCA anticipates covering members starting July 1, 2010. The first enrollment roster is scheduled to be sent to health plans on June 29, 2010, and monthly thereafter.
74. Newborns	Does the Erin Act apply to this program, legal opinion?	Yes. For a legal opinion, please consult your legal advisors.
75. Portability Act/Benefit Maximum	How does the portability act affect Washington Health program members who are still in the hospital but reach the 75K maximum?	Please see the HCA's response to question 6.
76. Annual Benefit Maximum	What is the HCA's expectation of care when a WHP	Please see the HCA's response to question 6.

Subject	Question	HCA Response
	member reaches the $75K but is in a course of treatment, such as in the hospital, or requires on-going care?	
77. Annual Benefit Maximum/Out-of-Country Coverage	Will the HCA exclude out of country coverage? (It is difficult to determine a $75K maximum when costs are incurred out of the country.)	Coverage for services received out of an enrollee's health plan's service area is addressed in the Certificate of Coverage, Appendix A of the RFP. It is expected that Contractors are able to process out of country claims in accordance to their current practice.
78. Enrollee Eligibility for SSI	If a member becomes eligible for SSI (while enrolled) will they be disenrolled from the program?	Not at the point of eligibility for SSI. See the HCA's response to question 49.
79. Disenrollment of Dually Eligible or Dually Enrolled Enrollees.	What is the lag time on disenrollment when a member is found eligible for other programs?	Depending on the type of other program (Medicare vs. Medicaid, etc.) the HCA will disenroll those found eligible for, or enrolled in, other programs following established timelines and in compliance with law or rule.
80. Mental Health Parity	Does state law regarding Mental Health Parity apply to this program now or in the future?	Yes, in accordance with RCW 70.47.200
81. Chemical Dependency Benefit	Do the chemical dependency benefits rollover for members who were previously enrolled in Basic Health Sub (the reference to the lifetime chemical dependency benefit states Washington Health from 1988, not Basic Health Sub)?	No, the two programs are separate.
82. Annual Benefit Maximum	What will the HCA do to encourage members who reach the $75K prior to the end of the benefit year to remain enrolled, what are the incentives?	At this time, the HCA does not plan to create incentives to encourage members who reach the benefit cap to remain enrolled.
83. Disenrollment	How quickly will a member be disenrolled if the member does not pay their co-pays, co-insurance and/or deductibles?	The provider is responsible to determine if continuation of service to a member is appropriate due to non-payment of co-pays and outstanding balances owed. Presumably, the provider will stop servicing the member and turn the matter over to collections. In regards to HCA criteria for disenrollment of members, please see the Certificate of Coverage for specific detail.
84. Financial Sponsors	Will the HCA allow financial sponsors to pay for coverage of individuals and families, like Basic Health? If so, what are the minimum amounts for premiums? Any other constraints?	Yes, financial sponsors will be allowed to assist Washington Health Program enrollees, provided the sponsor is contracted with the HCA for this purpose. See chapter 182-25-070
85. Pre-existing Conditions/Maternity	Is maternity a pre-existing condition? The COC states specifically that it is an exception to the PEC.	Maternity is not a pre-existing condition. However there is a separate deductible that applies to any deliveries

Subject	Question	HCA Response
		within the first six months of enrollment.
86. Durable Medical Equipment	DME is stated as covered on the benefit grid but it is still listed as an exclusion?	The HCA will amend the COC to clarify that the DME benefit is a covered benefit and subject to co-insurance and the deductible.
87. Skilled Nursing/Home Health	SNF and home health care are stated as "covered as an alternative to hospital care at the health plan's discretion" yet home health care and private duty nursing are stated as covered with a 30% coinsurance. Both appear in the benefits grid. Does this conflict?	Home health care and private duty nursing are covered at a 30% coinsurance. HCA has removed language regarding the health plan's discretion to move members out of the hospital and into an SNF.
88. Waiting Period	If this is a non-subsidized product without a waiting list why are there references to the waiting period and credit toward the PEC? Can that language be removed?	Yes. These references should not apply to WA Health.
89. Preventive Care	Preventive care – for all services that exceed $300, do they then fall to the co-insurance and office visit? Are any preventive services applied to the deductible?	Any preventive services in excess of the $300 allowance are subject to deductible and coinsurance.
90. RFP/Font Size	RFP pg 11: 11 point font – font style was not stated i.e. Do they want Arial, Times New Roman, etc?	Please use standard fonts such as: Arial Cambria Calibri Tahoma Times New Roman Verdana
91. Section 3.3 Quality Assurance	RFP pgs 20-21: Quality Assurance 3.3 Staying Healthy: I think this means Preventive Health Care Services/EPSDT/Immunizations – please verify	Yes
92. Section 3.3 Quality Assurance	RFP pgs 20-21: Quality Assurance 3.3 Getting Better: I think this means Emergency Department/Urgent Care – please verify	Yes
93. Section 3.3 Quality Assurance	RFP pgs 20-21: Quality Assurance 3.3 Living With Illness: I think this means Disease Management programs – please verify?	Yes
94. Quality Assurance	Contract pg 17 Quality Improvement Program 8.1 Need to "maintain a quality improvement program comparable to … (NCQA)." This is similar to current BH-S contract, but current contract includes an	There is not a requirement for Contractors to be NCQA qualified. Vendors bidding on the Washington Health Program need to identify their internal quality program and how their standards measure up to a national

Subject	Question	HCA Response
	Exhibit of all of the Standards for Quality Management and Improvement QI1 through PH1. I did not see this attached to the RFP. Will the plans be required to follow NCQA standards exactly for WHP? If not, what sections?	standard like NCQA. The HCA's intention is not to be prescriptive given there are comparable national standards and tools utilized.
95. TeaMonitor	Will there be an Annual Audit like TeaMonitor?	No. HCA does reserve the right to audit any Contractor per the sample Contract contained in Appendix B of the RFP.
96. Annual Benefit Maximum/Appeals	Contract pg 23 Appeals and Complaints 11- Will members be allowed to appeal denial of benefits for exceeding their benefit CAPs?	Yes.
97. HEDIS Measures	Although the request is for "audited" HEDIS data, NCQA does not allow us to split out a separate population and audit it. Therefore, if audited rates are requested only total commercial population is possible. Is this HCA's understanding?	HEDIS data may be provided for all lines of business. Please see Appendix B Exhibit 8 for further details.
98. HEDIS Measures	Although "hybrid" is only stated as required for Comprehensive Diabetes Care Measure, the Measure for Controlling High Blood Pressure can only be reported accurately with a chart review (since the measure requires the BP level). Is it correct to assume that both these measures require hybrid?	Yes
99. HEDIS Measures	For the Diabetic Measure, is HCA requiring the sub-measure for good control of HBA1C <7? We are not currently collecting this measure due to the extensive oversample required.	No
100. HEDIS Measures	As noted above, NCQA reporting requires the full HEDIS population. Although we could provide administrative rates for the smaller WHP population, the hybrid rates would be so small (as a subset of the sample size) that it does not seem that this would be feasible/valid as a rate. Has that been considered?	HEDIS data may be provided for all lines of business. Please see Appendix B Exhibit 8 for further details.
101. CAHPS Surveys	CAHPS survey for our commercial population is currently audited, according to the NCQA "full commercial population" requirements mentioned above for HEDIS. How important is it for a plan to incur the additional expense of a separate, unaudited	Please see Appendix B Exhibit 4 of the RFP. The HCA is allowing health plans to report on an aggregate basis for their entire lines of business for the 2010 and 2011 plan years.

Subject	Question	HCA Response
	CAHPS survey, in order to survey WHP enrollees separately? Our survey vendor would allow us to insert a flag for the responses of WHP members, but, since the total WA commercial population is over 668,000, the random sample would not include a large enough set of members to report separately.	
102. Draft Format	The Contract and COC are still in draft format. When will they be finalized?	Upon execution of the Contract.